24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VOTE 2 REDUCE DEBT (V2RD)	
	C C00563064
Check if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
The Political Network	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 225 East 85th St	Amount
Ste 306	
City State Zip Code	885.09 Transaction ID : SE.6118
New York NY 10028	Transaction ID : SE.6118 Date of Disbursement or Obligation
Purpose of Expenditure Telecommunications Services and Equipment Rental Category/ Type	11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
JONI K ERNST Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 223871.87	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	885.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	885.09
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	